

## State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/19/2011

Business ID: 270886

William M. Gardner

Secretary of State

BLUE MOON ENVIRONMENTAL, INC.			ADDRESS OF PRINCIPAL OFFICE:	
PO BOX 368			PO BOX 368	
CONCORD, NH 03302				
	ENTERN TANDE CODDOD ATION	——————————————————————————————————————	CONCORD, NH 03302	
	ENTITY TYPE: CORPORATION		REGISTERED AGENT AND OFFICE:	
	BUSINESS ID: 270886			
	STATE OF DOMICILE: NEW HAMPSHIRE		RENDALL, NANCY B	
			365 GUINEA RIDGE RD	
	SVCS RE IDENTIFICATION, MGMT, PERMITTING & DESIGN OF NATURAL RESOURCE SYSTEMS;ETC		GILMANTON, NH 03237	
	NATURAL RESOURCE STSTEMS,ETC			
If changing the mailing or principal office address, please check the appropriate box and fill in the necessary inf			opriate box and fill in the necessary information.	
2	2 The new mailing address			
The new principal office address  PO Box is acceptable.				
	OFFICERS BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).		BOARD OF DIRECTORS	
	(MUST LIST AT LEAST ONE OFFICER BELOW)  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).		(MUST LIST AT LEAST ONE DIRECTOR BELOW)	
	PRES. Nancy Beckwith Rendall	DIR.	Nancy Beckwith Rendall	
	STREET 365 Guinea Ridge Road	STREET	365 Guinea Ridge Road	
	_		TE/ZIP Gilmanton Nh 03237	
	NAME	NAME		
2	STREET	STREET		
3	CITY/STATE/ZIP C		CITY/STATE/ZIP	
	NAME	NAME		
	STREET	STREET		
	CITY/STATE/ZIP	CITY/STATE/ZIP		
	NAME	NAME		
	STREET	STREET	TTP /71D	
	CITY/STATE/ZIP CITY/STATE/ZIP  NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			
THE LESS THE TEST COSTS OF TEST COSTS OF THE STATE OF THE			o blice i old i iliciilb	
	To be signed by an officer, director, or any other person authorized by the board of directors.  I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.			
	Sign here: Nancy Beckwith Rendall			
	Please print name and title of signer: Nancy Beckwith Rendall		/ PRESIDENT	
	NAME		TITLE	
	FEE DUE: \$150.00 E-MAIL ADDRESS (OPTIONAL):			

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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED